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APPLICANTS

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** CONTINUING DATA *MM*
DCM

** FOREIGN APPLICATIONS *MM*
DCM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

02/21/2002

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|---------------------------------|--|------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY WA | Sheets Drawing 10 | Total Claims 22 | Independent Claims 3 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |

Verified and Acknowledged *Daniel P. Null*

Examiner's Signature *DCM*

Initials

ADDRESS

48404

TITLE

Multi-layer data transmission system

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| FILING FEE RECEIVED 776 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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